

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 16/496383  
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
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5		2		2		2
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7		1				
8		2				
9		2				
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TOTAL IND.	1		1		1	
TOTAL DEP.	13		7		13	
TOTAL CLAIMS	14		8		14	
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